

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155242		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 05/11/2011	
NAME OF PROVIDER OR SUPPLIER  MUNCIE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN47303			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/11/11</p> <p>Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code survey, Muncie Health &amp; Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms on 800 and 900 halls. The facility has a capacity of 185</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0029 SS=E	<p>and had a census of 157 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 12 hazardous areas such as a room storing quantities of combustible materials was provided with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect any residents using the 300 wing corridor.</p> <p>Findings include:</p>			K0029	<p>The plan of Correction is the center's credible allegation of compliance.Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.K 00291. A self closing device was placed on the door to cause the door to</p>		05/16/2011

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K0056 SS=F	<p>Based on observation on 05/11/11 during the tour from 12:00 p.m. to 2:30 p.m. with the Maintenance Supervisor, the Central Supply Room door lacked a self closing device. The room exceeded 50 square feet in size and had a large quantity of cardboard boxes and nursing supplies wrapped in paper and plastic. This was verified by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>						
	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage</p>		K0056	<p>K 00561. Additional automatic sprinkler system was installed under combustible exterior roofs exceeding 4 feet in width. No residents, staff or visitors were affected by this.2. Facility wide inspection was completed to ensure facility is in accordance</p>		06/03/2011	

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	<p>for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect residents, staff and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on observation on 05/11/11 during the tour from 12:00 p.m. to 2:30 p.m. with the Maintenance Supervisor, the following was noted:</p> <p>a) The exterior canopy at the employee entrance to the facility extended more than four feet from the building and was not provided with automatic sprinklers.</p> <p>b) Two sections of the exterior canopy (One section adjacent to and east of the employee entrance on the 400 wing and one section adjacent to and east of the activity room on the 200 wing) extended more than five feet from the building and were not provided with automatic sprinklers.</p> <p>c) Corner sections of the exterior canopy on both sides of the interior courtyard entrance extended more than six feet from the building and were not provided with automatic sprinklers.</p> <p>d) An exterior room west of the employee</p>				<p>with NFPA 13, 1999 standard to provide complete coverage for all portions of the building.3. Will monitor to see that additional sprinklers remain in place using the monthly preventive monitoring tool.4. This addition of sprinklers will be placed in the Performance Improvement Committee minutes to be checked monthly by the Maintenance supervisor.5. This was completed on 6-3-2011</p>		

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K0147 SS=E	<p>entrance being used for medical record storage lacked sprinkler coverage. These were verified by the Maintenance Supervisor during the times of observation.</p> <p>3.1-19(b)</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure extension cords including power strips and nonfused multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any resident, staff or visitor using the 200 wing corridor.</p> <p>Findings include:</p> <p>Based on observation on 05/11/11 during the tour from 12:00 p.m. to 2:30 p.m. with the Maintenance Supervisor, there a long orange electrical cord extending from underneath the data cabinet in the</p>		K0147	<p>K 01471. The extension cord was removed, and fixed electrical wiring and equipment revised to comply with NFPA 70 National Electrical Code 1999 edition. No residents were affected by this practice.2. A facility wide check was completed to ensure all extension cords including power strips and nonfused multiplug adapters were not used as a substitute for fixed wiring.3. This procedure will be entered into Performance Improvement Committee minutes and placed on the preventive maintenance log.4. The maintenance supervisor will monitor monthly to ensure the computer networking room as will all rooms remain free of any extension cords, power strips and nonfused multiplug adapters.5. This was completed 5-17-11</p>		05/17/2011	

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	computer networking room which was plugged into a power strip that was plugged into another power strip that was mounted on the wall. This was verified by the Maintenance Supervisor at the time of observation.  3.1-19(b)						